

**Patient Name** \_\_\_\_\_

**Terms & Conditions:**

1. I have been counseled about the benefits, risks and the limitations of the genetic test **Karyotype/FISH/Microarray**
2. I fully understand that the nature and the scope of the conditions tested and the test results may or may not be conclusive of the disease/condition.
3. A “positive” test result would indicate that I (or my child/fetus) is predisposed to or have the specific disease/condition tested for and I may consider further independent testing or consult my doctor.
4. A “negative” test result does not exclude the possibility that I/my child/my fetus may have a genetic condition which is not tested by the Karyotype/ FISH/ Microarray test.
5. For privacy and confidentiality reasons, I would like to share my genetic test results only with the doctor (listed below) and with the following members of the family/friends:

Sr. No	Name	Relation
5a.		
5b.		
5c.		

6. In some cases, additional tests may be required for to confirm or refine the interpretation of the test result.
7. I have been well informed that the test may be unsuccessful and fail to generate results on rare occasions. However in such situation, the cost of the test will not be refunded.
8. Genetic counseling was offered  before and  after the test was performed.
9. In prenatal cases, I understand that the sex of the fetus will not be disclosed to me or anybody in any manner.
10. Only the \_\_\_\_\_ test will be performed on the \_\_\_\_\_ sample I have provided. No other tests will be performed and the sample will be destroyed 30 days after the test is finished.
11. However, some of the remaining samples upon completion of testing may be used for internal quality control or research purpose anonymously.

***I agree to the above terms & conditions of AGILE and give my consent to perform the required genetic test.***

**Signature**

**Signature**

**Signature**

**(Patient/ Mother of the child)**

**(Witness/ Father of the child)**

**(Genetic Counselor/Scientist)**

**Name:**

**Name:**

**Name:**

**Date:**

**Date:**

**Date:**

